### **Proposal Response Sheet**

# Shelby County Government – RFP #16-011-27 Disposal of Computer Equipment from Shelby County Household Hazardous Waste Facility and Surplus Computer Equipment

Name of firm:  Firm's Website:	
Mailing Address:	Remit Address:
Phone:	Phone:
Fax:	Fax:Payment Terms:
Authorized Representative:  Signature (Person authorized to negotiate with the County)	Print:on behalf of the organization/firm.)
Email address:	
Authorized Representative: Signature (Person authorized to negotiate with the County Email address:	Print:on behalf of the organization/firm.)
<ul> <li>(ii) all declarations in the proposal and attachmen</li> <li>(iii) all aspects of the proposal, including cost, has with any other prospective Proposer or competitor fo</li> <li>(iv) the offer made in the proposal is firm and County; and</li> </ul>	ed to submit proposals on behalf of the organization/firm; nts are true to the best of reasonable knowledge; ave been determined independently, without consultation or the purpose of restricting competition; binding for 90 days after receipt of the proposal by the abmitted are binding for the duration if this proposal is
Vendor # (Required) EOC #: If EOC certification was obtained through a Teaming agree complete the next page. If this does not apply, disregard the	ement and the EOC number starts with a "T", please
Check here if you qualify as a MBE, HBE or Business Enterprise) If so, please indicate the classification African American Hispanic American Asian American Native Ame Check here if you are a qualified LOSB (Locally ow is received through the EOC Administration. <i>This is not a see</i>	below: erican Other  ned Small Business) vendor. Certification for this status

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Are you currently in an EOC Teaming Agreement? If so please complete the following:
Please name the firm you agreed to team with in order to be qualified to do business with Shelby
County Government:
You are aware that part of being approved with a "Teaming Agreement" you agreed to team with the certified LOSB identified on your agreement on "ALL" County projects?
Will this company participate in the completion of services for this proposal?
If not, why?
If you answered no to the above question, is your Teaming LOSB vendor aware that you are bidding on this project for the County?
Have you included another firm to participate in the completion of the services:
If so, who?
(Include the complete business name, address, phone and contact person)
Are they a certified LOSB with Shelby County? Include LOSB#

<sup>\*\*</sup>Please note that all of the information contained on this page will be used during the evaluation of the responses\*\*

#### The first page of this document MUST be printed on your company letterhead or stationary.

Definitions for the information listed on the first page

#### **Locally Owned Small Business:**

For this purpose, a Locally Owned Small Business is defined as a sole proprietorship, corporation, partnership, joint venture or any other business or professional entity located within Shelby County, Tennessee and at least 51% owned, operated and managed by a Shelby County resident with gross annual sales of \$5 Million dollars or less. The business must be confined within the boundaries of Shelby County, Tennessee

#### Minority/Hispanic/Woman owned Business Enterprise:

Minority – a Black American having his or her origin in the black racial groups of Africa. Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture.

#### Response Checklist:

Please make sure that basic information listed below is provided in your RFP before you submit your response.

Cover Sheet/Proposal Response Sheet (Required)
Comprehensive Response to Minimum Requirements & Required Services
Cost & Fees
Experience of Respondent
References
Additional Information (optional)

(This checklist <u>does not</u> absolve the Respondent of any other required documentation indicated in the document not list above. Please use the information highlighted above as a reference only)